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PTO/SB/21 (09-06)
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| | | | |
|--|----------------------|------------------------|--------------|
| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | Application Number | 10/705,900-Conf. #6098 | |
| | Filing Date | November 13, 2003 | |
| | First Named Inventor | Jürgen Angele | |
| | Art Unit | 2175 | |
| | Examiner Name | J. Veillard | |
| Total Number of Pages in This Submission | 2 | Attorney Docket Number | 62917-223811 |

| ENCLOSURES (Check all that apply) | | |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): COMMUNICATION/STATEMENT OF SUBSTANCE OF THE INTERVIEW |
| <div>Remarks</div> | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|------------------|----------|--------|
| Firm Name | VENABLE LLP | | |
| Signature | | | |
| Printed name | Robert Kinberg | | |
| Date | November 7, 2006 | Reg. No. | 26,924 |



PTO/SB/17 (07-06)

Approved for use through 01/31/2007. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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| | | | | |
|---|--|--------------------------|------------------------|--------------|
| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005 | | Complete if Known | | |
| | | Application Number | 10/705,900-Conf. #6098 | |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Filing Date | November 13, 2003 | |
| | | First Named Inventor | Jürgen Angele | |
| | | Examiner Name | J. Veillard | |
| TOTAL AMOUNT OF PAYMENT | | Art Unit | 2165 | |
| (\$) | | 0.00 | Attorney Docket No. | 62917-223811 |

METHOD OF PAYMENT (check all that apply)

| | | | | |
|---|--------------------------------------|---|-----------------------------------|---|
| <input type="checkbox"/> Check | <input type="checkbox"/> Credit Card | <input type="checkbox"/> Money Order | <input type="checkbox"/> None | <input type="checkbox"/> Other (please identify): _____ |
| <input checked="" type="checkbox"/> Deposit Account | Deposit Account Number: 22-0261 | | Deposit Account Name: Venable LLP | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | | | | |
| <input type="checkbox"/> Charge fee(s) indicated below | | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee | | |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 | | <input checked="" type="checkbox"/> Credit any overpayments | | |

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|--|----------|-----------------------|
| Each claim over 20 (including Reissues) | 50 | 25 |
| Each independent claim over 3 (including Reissues) | 200 | 100 |
| Multiple dependent claims | 360 | 180 |

| | | | | | |
|---------------------|---------------------|-----------------|----------------------|----------------------------------|----------------------|
| <u>Total Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Multiple Dependent Claims</u> | |
| _____ - 20 = _____ | x _____ | = _____ | | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |

HP = highest number of total claims paid for, if greater than 20.

| | | | |
|----------------------|---------------------|-----------------|----------------------|
| <u>Indep. Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
| _____ - 3 = _____ | x _____ | = _____ | |

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| | | | | |
|---------------------|---------------------|---|-----------------|----------------------|
| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
| _____ - 100 = _____ | /50 | _____ (round up to a whole number) x _____ | = _____ | |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

| | | | |
|---------------------|-----------------------|-----------------------------------|----------------|
| SUBMITTED BY | | | |
| Signature | <i>Robert Kinberg</i> | Registration No. (Attorney/Agent) | 26,924 |
| Name (Print/Type) | Robert Kinberg | Telephone | (202) 344-4000 |
| | | Date | 11/7/06 |

#800456



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Jürgen ANGELE

Appl. No. 10/705,900

Confirmation No. 6098

Filed: November 13, 2003

For: COMPUTER SYSTEM

Art Unit: 2165

Examiner: Jacques Veillard

Atty. Docket No. 62917-223811
(formerly 37934-191592)

Customer No.

26694

PATENT TRADEMARK OFFICE

COMMUNICATION/STATEMENT OF SUBSTANCE OF THE INTERVIEW

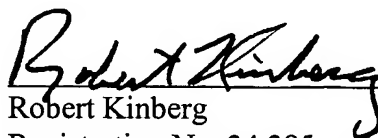
Mail Stop Issue Fee
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Applicants acknowledge a telephone interview with the Examiner on September 29, 2006. As a result of the interview, the Examiner was authorized to amend claims 48-50 by inserting the word "storage" in front of the word "medium" in the preamble of each of the claims by the Examiner's amendment.

Respectfully submitted,

Date: 11/7/06



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